
Form 18: Record of Drug Test Results (for onsite testing)

NAME OF DETAINEE: _____

Date of birth: _____ Age: _____ Male: _____ Female: _____

Black: _____ White: _____ Hispanic: _____ Other: _____

Date of admission: _____

Date of drug test (if different): _____

Drug test performed by: _____

Drug Tested

Result of Screening Test

Alcohol

Marijuana

Cocaine

Opiates

Amphetamines

Positives retained _____ Yes _____ No

Information released to: _____

Detainee informed of results by: _____

Medical review conducted by (if different): _____

Comments: _____

Source: American Correctional Association/Institute for Behavior and Health, Inc.